

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

2021 Aug 27 PM 3:45

SOUTHERN DISTRICT OF NEW YORK

Justin Vega

Write the full name of each plaintiff.

No. \_\_\_\_\_

(To be filled out by Clerk's Office)

-against-

**COMPLAINT**  
(Prisoner)

City of New York, Department of Corrections

Do you want a jury trial?

Yes  No

City of New York, Department of Medical Services(DOC)

John Doe

Jane Doe

N.Y.C., D.O.C., C.O. John Doe, C.O. Jane Doe

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

## I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other: \_\_\_\_\_

## II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

First Name: Justin Middle Initial: M Last Name: Vega

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

(DIN) 21-A-0494 (NYSID) 02805277Y

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Current Place of Detention: Cayuga Correctional Facility

Institutional Address: P.O. Box 1186

County, City: Moravia State: New York Zip Code: 13118

## III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- Pretrial detainee  
 Civilly committed detainee  
 Immigration detainee  
 Convicted and sentenced prisoner  
 Other: \_\_\_\_\_

#### IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name	Doe	N/A
Current Job Title (or other identifying information)		
A. M. K. C (C-9S) 18-18 Hazen Street		
County, City	State	Zip Code
East Elmhurst	New York	11370

Defendant 2:

First Name	Doe	N/A
Current Job Title (or other identifying information)		
A. M.K. C 18-18 Hazen Street		
County, City	State	Zip Code
East Elmhurst	New York	11370

Defendant 3:

First Name	Doe	N/A
Current Job Title (or other identifying information)		
Maintenance		
County, City	State	Zip Code
18-18 Hazen Street		

County, City	State	Zip Code
East Elmhurst	New York	11370

Defendant 4:

First Name	Doe	N/A
Current Job Title (or other identifying information)		
Captain		
County, City	State	Zip Code
18-18 Hazen Street		

County, City	State	Zip Code
East Elmhurst	New York	11370

V. STATEMENT OF CLAIM

Place(s) of occurrence: A MKC (C-9S) Dorm 4 upper Bathroom by Sink #5

Date(s) of occurrence: May 5<sup>th</sup>, 2021 at 10:00 pm.

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On May 5<sup>th</sup>, 2021 at approximately 10:00 pm in AMKC Rikers Island, Dorm 4 upper in the inmate bathroom, I was walking by Sink #5 on my way out of the bathroom when I slipped due to a puddle of water by Sink #5 and fell and I landed on my back and hit my head on the ground. I lay unconscious for about two minutes before a fellow inmate alerted to C.O. on duty and the officer called Medical. I ~~had~~ laid there until medical arrived about ten minutes later. They asked non-medical inmates to pick me up over ~~on~~ their shoulders and carry me two flights of stairs (still on their shoulders) to a waiting Stretcher. At medical I received two tylenols and an ice pack and sent back despite me complaining of severe pain. For two weeks after this incident I requested sick call because I was still having back pains and I was having severe headaches. They refused to see me again for the remaining two weeks I was there despite me requesting sick call several times. I wrote a grievance and I made ~~3~~ three 311 calls to report medical refusing to see me and to report the leaking sink #5. They violated my "Eight Amendment" rights by being deliberately indifferent to my safety because there are several work orders for Sink #5 but they were ignored for the six months I was in Dorm 4 upper. Therefore causing me to get injured.

They also violated my "Eight Amendment" rights they failed to provide adequate medical care by refusing to see me and take my injuries serious despite requesting sick call several time during a two week period before I left on a transfer to Downstate C.F. My "Eight Amendment" was violated also because it prohibits the unnecessary infliction of pain and through the DOC NYC negligence I am in constant pain. They violated the first prong of my "Eight Amendment" constitutional rights.

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**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I injured my upper back and the back of my head. I am in constant pain when I walk and when laying down. I have repeated and constant migraines and headaches. I still have not received any conclusive medical attention since the ~~initial~~ initial incident on May 5<sup>th</sup>, 2021 despite me constantly requesting to ~~be~~ be seen by medical. Last time was on May 5<sup>th</sup>.

**VI. RELIEF**

State briefly what money damages or other relief you want the court to order.

\$100,000 in ~~damages~~ damages for punitive and pain and suffering. All my skills are in manual labor and with a back injury that will be very hard for me to get and maintain a job. \$100,000 (One hundred thousand dollars)

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## VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

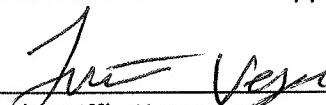
I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

Dated

  
Plaintiff's Signature

Justin

M.

Vega

First Name

Middle Initial

Last Name

Cayuga C.F. P.O. Box 1186  
Prison Address

Moravia  
County, City

New York  
State

13118  
Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: \_\_\_\_\_

Mr. Justin Vega DIN:21-A-0494  
Cayuga Correctional Facility  
P.O.Box 1186  
Moravia, NY 13118

Honorable, Clerk of the court  
U.S. District court  
Southern District of New York  
New York City, NY 10007-1312  
Intake Unit

Re: U.S.C. 1983 complaint

Dear Court Clerk,

I hope that you are well. Please find one enclosed original pro-se 42 U.S.C. 1983 complaint and all supporting papers. If I have failed to serve any other required papers or there is any other information you need from me please feel free to contact me at the above address.

Thank you for your time and consideration regarding this matter and I look forward to hearing from your office with a favorable decision from the court.

Respectfully Submitted,  
Justin M. Vega  
Justin Vega

CAYUGA CORRECTIONAL FACILITY  
P.O. BOX 1186  
MORAVIA, NEW YORK 13118

NAME: Justin Vega DIN: 21-A-0494

United States District court  
Southern District court of New York  
500 Pearl Street  
New York, NY 10007

